DOCUMENT RESUME

ED 471 321 CG 032 113

AUTHOR	Kaplan, David M.
TITLE	Establishing a Relationship with Families.
PUB DATE	2003-00-00
NOTE	28p.; In: Family Counseling for All Counselors; see CG 032 109.
AVAILABLE FROM	ERIC Counseling and Student Services Clearinghouse, University of North Carolina at Greensboro, 201 Ferguson Building, P.O. Box 26171, Greensboro, NC 27402-6171 ($34.95). Tel: 336-334-4114; Tel: 800-414-9769 (Toll Free); Fax: 336-334-4116; e-mail: ericcass@uncg.edu; Web site: http://ericcass.uncg.edu.
PUB TYPE	Guides - Non-Classroom (055) -- Information Analyses (070)
EDRS PRICE	EDRS Price MF01/PC02 Plus Postage.
DESCRIPTORS	*Counseling; *Counseling Techniques; Counselor Characteristics; *Counselor Client Relationship; *Family Counseling

ABSTRACT

This chapter presents counseling ideas and strategies to promote family trust and confidence. These steps include getting the family into the office, the role of proper attire, displaying of credentials, seating arrangements, and the acquisition of informed consent. Also presented is the author's approach to a first family counseling session, with the goal of reducing anxiety and providing structure. This sample approach includes a discussion of entering the room, opening the session, getting to know the family, defining the issue, identifying family problems and secrets, and closing. (Contains 19 references.) (GCP)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 471 321

Establishing a Relationship with Families

by

David M. Kaplan

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

BEST COPY AVAILABLE

CG032113

Chapter Four

Establishing a Relationship With Families

David M. Kaplan

In chapter 3 I pointed out that the counseling relationship accounts for 30% of client progress (Lambert, 1992). My hunch is that this figure is even higher when a client's family enters your office. Why? Because clients who come for one-on-one counseling (at least those who come voluntarily) tend to respect your office as your space and power zone. You receive the ascribed power that comes with your advanced degree and training. Although individual clients may be resistant to change (aren't we all!), they will generally respect your position and authority. Families are very different in that they are more likely to be wary of you. Many challenge your authority and power initially, and it is your responsibility to establish a relationship under these circumstances. A family that remains distrustful of you does not allow progress.

In my experience, families maintain their distance when they first meet you for two reasons. First, people tend to be much more protective of their families than they are of themselves. One client was very clear about this when she said, "I can handle it if you screw me up, but don't you dare mess up my family." Second, many parents

are embarrassed by family counseling. Look at the experience from their perspective. They have tried as hard as they can for a long time to fix the problem. All of a sudden, some counselor who knows little if anything about their family claims that he or she can make everything okay. Parents may feel embarrassed and ashamed that they have to ask an outsider to do something they see as their responsibility. In order to overcome this natural defensiveness, embarrassment, and shame, which interferes with forming a relationship with a family, you may want to attend to the following ideas and strategies. They are designed to promote family trust and confidence in you.

Getting the Family Into Your Office

To state the obvious, you can't establish a relationship with a family that won't come for counseling in the first place. It is therefore useful to develop a strategy for encouraging a client's family to come to your office. The first part of the strategy involves identifying the family member who has the greatest power and enlisting his or her aid in getting the entire family to come to the first session. Typically, this person is the mother because in our culture, families tend to be socialized to place Mom in charge of emotional issues affecting the family. Sometimes the person is the father or a grandparent. Your client should be able to tell you the best person to approach. If the client cannot or is too young to discuss this issue, try the mother first.

The next step is to ask whether your client would like to approach the family contact person (FCP) or would prefer that you make a phone call. It really doesn't matter whether you or the client approach the family; the decision is mostly a matter of client comfort. Some clients are more comfortable talking to the FCP first and others are relieved when you volunteer to call and request that the family come for a session.

The final step is to contact the FCP. Regardless of who makes the request, a positive focus increases the odds of the FCP agreeing. I have found that the best way to get a family in for the first session

is to say four little words: "We need your help." You might explain that the client is dealing with important and complicated issues, and that family members' input is crucial because they know the client better than anyone else, including yourself. The message you are trying to convey is that the family is an invaluable resource and that you respect each member's problem-solving abilities.

In my experience, mothers typically respond well to such a message and agree to come with their children for the first session. Dads are sometimes holdouts because our culture tends to socialize men to be uncomfortable talking about their feelings. Fathers know that this is exactly what will happen if they go to a family counseling session and so sometimes refuse to attend. When a mother calls me back and says that everyone except the father has agreed to come, I ask her to relay a message: "Tell him that he doesn't have to say anything during the session. He only has to come and observe and be there to support his family." I have found that this approach usually does the trick, and I end up with everyone attending the first family session.

The inherent message in this discussion is that it is important for as many family members as possible to be involved in the counseling. It is especially important to have all nuclear members (as defined by the particular household) present at the first session. Having the entire family present ensures that everyone is on the same wavelength about goals and intervention approaches, as well as sending the message that everyone is important. Conversely, if you allow an individual to be absent, you may give the message that he or she is an unimportant member of the family. People who are let off the hook and allowed to skip out on the first family session are likely to sabotage the counseling because you have not had a chance to allay their fears and concerns or to establish a relationship. These problems inherent in beginning family counseling without the entire household present have led to the saying, "It is better to fail to start than to start and fail." If a client shows up at the first family session stating that someone can't make it ("My wife got held up at work, so she will have to come next time" or "My son has a soccer game and can't be here"), you may want to very pleasantly reschedule the

session for a time when all family members can be present.

Attire

Counselors typically dress informally. Two media models come to mind. The first is from the movie *Ordinary People,* in which Dr. Berger (Judd Hirsch) wears khakis, a button-down shirt, loafers, and a cardigan. The second example is from the television show *The Sopranos,* in which Dr. Melfi (Lorraine Bracco) wears a pantsuit or skirt, blouse, and sweater. Individual clients see this informal approach as a nice balance between the sloppiness of casual dress (e.g., jeans and sneakers) and the formality of business attire (e.g., suits and coordinated ensembles).

You may want to consider dressing more formally when you have a family appointment, however. This advice applies even when you have been wearing informal attire during a client's individual appointments. The concept of establishing a relationship with family members by wearing business attire may seem counterintuitive, as we were taught in graduate school not to put barriers between our clients and ourselves, and a suit may be perceived as such a barrier. In addition, if we are honest, many of us simply do not like to dress up.

Formal dress serves two purposes when you first meet the family members of a client, however. First, it is a sign of respect. It signals that you honor the family enough to go to the effort of dressing up. This nonverbal message can go a long way in establishing trust with a family. Second, dressing formally gives the message that you are an expert. This message may also seem counterintuitive, as the person-centered influence in counseling often makes us uncomfortable with an implication that we are an expert "above" the client. On the other hand, keep in mind that a family wants exactly that: an expert. They do not want to waste their time or, worse, to have family members and relationships hurt by a counselor who does not know what he or she is doing. That is why, in my experience, one of the worst things you can do when you first meet a family is to give the Rogerian

message that the family knows as much about how to approach the problem as you do. You run the danger of having the family decide that they do not want to establish a relationship with a counselor who can't do any better then they have done.

Credentials

The prominent display of credentials also helps establish your expertise and build trust with family members. While waiting for a session to begin, family members should be able to view your graduate diploma(s), license, and any professional certifications. Kent (1994) also suggests placing in your waiting room a one-page resume stating your qualifications and strengths and listing your credentials, experience, professional affiliations, publications, and presentations.

These suggestions apply to all counselors, not just those in private practice. Counselors in schools, agencies, and other employment settings tend to be modest, and sometimes are reluctant to openly display their accomplishments. However, research has shown that the disclosure clients most frequently request at the beginning of the counseling relationship revolves around the counselor's experience and credentials (Braaten, Otto, & Handelsman, 1993). Providing this information in the waiting room allows you to begin establishing credibility (and therefore trust) with family members even before they enter your office for the first time.

An issue related to the display of credentials in establishing a solid relationship with family members regards those counselors who have earned a doctorate. If you have a Ph.D., Psy.D., or Ed.D., consider introducing yourself as "doctor." When I first meet a client in individual counseling, I introduce myself as "David Kaplan," due to the ubiquitous person-centered influence in counseling that encourages a warm and genuine counselor-client relationship. When I first meet a family, however, I introduce myself as "Dr. Kaplan." I want to communicate the level of expertise that our culture grants to this degree so the family can feel that they are in good hands.

Seating

It is quite useful to have flexible seating in your office for times when you will be conducting family work. Movable chairs interspersed around a loveseat allow family members to adjust personal space to their comfort. Movable seating also allows you to assess nonverbal messages, alliances, and roles (more on that later in the section on the first session). Limiting your seating to couches or fixed chairs provides less flexibility, and two family members who are at odds may be forced to sit a lot closer to each other than they would like. Under these conditions, the family is likely to be irritable and grouchy before you even start the session. The worst-case scenario is forcing two recently divorced parents to sit next to each other on a loveseat. If you do this, I can almost guarantee that you will never see either of them again.

Try to set up your office in a way that is comfortable for individual counseling yet also can accommodate a family of five. Doing so will take care of most of your seating needs. Having some folding chairs stored in an easily accessible location is useful for those times when you see a large family or invite grandparents or other extended family members into your office. Don't settle for basic metal folding chairs. Comfortable and attractive padded folding chairs are available through furniture stores and office furniture catalogs. Periodically, you may want to invite more than seven or eight relatives into your office. In that case, you can go into your group-counseling seating mode and set up circled chairs in a bigger group counseling room.

Informed Consent

Informed consent involves the provision of information about your practice to a family so that they can make a knowledgeable decision about whether to enter into a counseling relationship (Kaplan & Culkin, 1995). Informed consent has been a recent focus in the field of family counseling ethics, and that aspect will be addressed in

chapter 11. In this chapter, my focus is on using informed consent to help establish and enhance your relationship with a family.

Focusing on informed consent during your first contact with a family helps establish a relationship because it establishes trust. Family members who know what they are getting into are more likely to take the risk of investing themselves in a partnership with you (Borden, 1975). How do you obtain informed consent? Kaplan (2000) provides a seven-step process for gaining informed consent in a way that enhances trust and a relationship with a family:

1. Construct a Thorough Informed Consent Brochure

A purely verbal approach to informed consent with a family is never adequate, regardless of your setting or counseling specialty. Why? Because, contrary to our often lofty opinion about the pearls of wisdom that flow from our lips, clients do not hang on to our every word and may disregard or misinterpret oral statements we make about our practice. When a family member utters the dreaded phrase, "but you never told me that," your goal is to be able to reply immediately, "Let's review the section in my informed consent brochure that speaks directly to what would happen if this issue came up."[1]

As an example, I was working with a family that seemed to like me as both a counselor and a person. After a number of weeks of counseling, they invited me to a big extended-family barbecue that they were having in their backyard. Of course, I had to say no in order to avoid dual-relationship and confidentiality issues. However, I did not want them to take my declining the invitation as rejection. I was able to avoid this by stating, "Let's take another look at page 6 of my informed consent brochure. The second paragraph says that the ethical guidelines of my profession demand that I relate to you strictly in my professional role and that I cannot see you socially. So I apologize, but my hands are tied and I hope you understand that I must decline your generous invitation." Because the family had been

informed from the very beginning of counseling that I was not able to engage in social interactions with them, they did not take my response as a personal rejection.

What sections should be in your informed consent brochure? It should contain headings on confidentiality, your theoretical framework and treatment approach, your educational background and training, information on how to make and break appointments, session (and other) charges and fees, any additional points pertinent to your practice, and an acknowledgment page (Zuckerman & Guyett, 1992). Although putting together a brochure does take some time, almost all these sections are fairly easy to write. The exception is the theoretical framework and treatment section. Even (especially?) if you have been practicing for years, sitting down to try to write a mini-essay on your approach to counseling can be a humbling experience. However, doing so is critical. Would you trust a surgeon who could not tell you how he or she performs a specific operation? Probably not. In the same way, parents and children will not trust a counselor who is unable to describe how he or she helps families.

As an example, I have a section in my informed consent brochure titled, *Psychological Treatment*. This section states, in part:

> My treatment approach is called rational eclecticism. It involves selecting an approach that research has indicated works well with your problem. Some of the available approaches involve exploring the past, while others do not. Some interventions make use of homework assignments; some focus on feelings; some on thoughts; some on behaviors. Some approaches work best when family members are involved, while some work best if we work individually. Again, the approach selected will depend upon what research has indicated works best in your situation. If you have a particular approach that you think will work well with you, or would like an explanation of the approach I have chosen for you, please let me know. If at any time you are uncomfortable with the approach we are using, please tell me so that we can figure out a way for you to be more comfortable.

I mentioned the inclusion of additional points in your informed consent brochure. One additional point you may wish to consider addressing in your brochure when doing family work is the issue of testifying in custody battles. Sometimes parents initiate divorce proceedings while you are providing counseling to the family. It is not all that unusual for one parent to ask you to testify that he or she is the better parent and should have custody because, as one dad told me, "you know the kids and have seen how much they love me and how well we get along." Given that agreeing to testify for one of the parents would stop the family work immediately (the other parent would be a fool to continue working with you), you must decline to do any kind of custody evaluation or agree to make statements about who is the better parent once you have begun working with a family. Doing otherwise would destroy the relationship you have with the entire family. In order to nip this issue in the bud, I have the following statement in the "additional points" section of my informed consent brochure:

> It is possible that, if you are married or have children, you may become involved in a divorce or custody dispute. If this occurs, I want you to understand that I will not be available to provide expert testimony in court, and that you should engage a court-appointed child custody evaluator. This decision is based on two factors: (1) my evaluations will be seen as biased in your favor because we have a therapeutic alliance, and (2) because the testimony might negatively affect our therapeutic relationship, I must put your interests first.

2. Ask the Family to Read Your Informed Consent Brochure Before the First Session

Having the family read the brochure in advance helps establish a relationship before you even see them, because it demonstrates that you are open and want to provide helpful information. When a family makes their first appointment, simply request that they come 30 minutes early in order to review your materials. It is useful to have

multiple copies available for larger families. If you do not have a secretary, explain that you will be in session when the family arrives and that copies of the brochure will be placed in the waiting room for them.

3. Ask the Family for Feedback on Your Informed Consent Brochure

At the beginning of the first session, as soon as everyone is seated, ask whether anyone has any questions or whether any portion of the brochure was unclear. Parents typically use this time to double-check session or testing fees and inquire about future appointment times to make sure they can see you without interfering with their kids' extracurricular activities. Someone may also ask whether you will see family members individually. Before you agree to this request, review your rules about confidentiality. Asking the family their questions and thoughts on the guidelines of your practice helps establish a relationship because it shows that you are considerate, kind, caring, and respectful (Haas, 1991).

4. Take Time to Review Your Guidelines About Confidentiality

Because confidentiality is the cornerstone ethic, you will want to review this topic with the entire family. The more explicit you are about both what is kept confidential and when you must break confidentiality, the more trustworthy you will appear and the more willing a family will be to enter into a relationship with you (Heppner & Dixon, 1986).

A messy confidentiality issue that often occurs in family work involves individual members who ask to speak to you alone "in confidence." This situation may arise when a parent phones you wanting to share information, when a family member hangs back after a session and asks for a few minutes to speak to you alone, or when one family member requests an individual appointment. Typically, the family member opens with, "I didn't want to mention this in front of [fill in the blank with a family member's name], but I

thought you should know that. . . ." The individual who utters these words firmly expects that his or her statements will neither be shared with other family members nor mentioned during a family session.

Agreeing to keep confidential statements made by individual family members is fraught with peril and threatens any relationship you have established with a family. It encourages the keeping of family secrets and ties your hands in discussing potentially important issues with the family. I once worked with a family with an adult daughter who was suicidal. Between sessions the mother called and wanted to tell me about the father's history of suicide attempts, which he had refused to bring up during sessions. However, she wanted to share this for informational purposes only and did not want me to bring it up during sessions. If I had agreed to her request, then I would have been in the bind of having vital information that I could not use.

My most vivid experience of what can go wrong by agreeing to keep a family secret occurred with an individual client who related a devastating couples counseling experience she had had with another counselor. Soon after beginning the couples counseling, her husband called the counselor and asked for an individual session. He used that session to inform the counselor that he was having sex on a regular basis with a good friend of his wife's. After getting this bombshell off his chest, the husband then instructed the counselor to keep the affair confidential and not to bring it up in front of his wife. Because the ethical code of the International Association of Marriage and Family Counselors (1993) states in section III, part E, "Unless alternate arrangements have been agreed upon by all participants, statements made by a family member to the counselor during an individual counseling or consultation contact are to be treated as confidential and are not disclosed to other family members without the individual's permission" (p. 75), the counselor kept this family secret. After three months of counseling, the husband initiated a divorce and subsequently told his wife about the affair. At that point, she initiated individual counseling with me. I will never forget the painful mix of anger and betrayal in the client's voice when she said to me, "That SOB marriage counselor knew all along my husband was having sex with my best friend while pretending to work on the

marriage. Why didn't the counselor say something instead of letting me act like a damn fool and think that we were working things out?"

So how do you avoid the trap of having to keep information confidential when an individual family member calls you on the telephone or hangs back after a session? The key is the first 10 words of section III, part E of the IAMFC ethical code described in the previous paragraph: "Unless alternate arrangements have been agreed to by all participants. . . ." You can use your informed consent protocol to address these alternate arrangements. I find it useful to frame this issue during my discussion of informed consent as a question of "who is the client?" I explain to the family that we all need to be on the same wavelength about identifying who the client is. Is it the person who has the problem that initiated counseling? Is it a parent who is worried sick? Is it the siblings who have had to make major accommodations? Is it the infant in the family, who is fussy because of the tension in the household? Is it the family pets who are not getting enough attention because the family is distracted? (I realize the last is a somewhat flippant question, but it does get across the point that everyone in the household is important.)

I then propose viewing the family as the client. In that way, I can address the needs and stresses of all family members, not just the person with the presenting problem. I often joke that if they agree to view the family as the client, they will be getting more for their money, as I do not charge by the number of people in the room.

With an agreement to view the family as the client, I can then discuss what happens if a family member speaks to me individually. I explain that if someone speaks to me alone, I reserve the right to bring up the information in a family session if I make a professional judgment that it is in the best interest of the family (my client) to do so. I very directly state to the family that if they want to make sure a particular piece of information is not shared, they should keep it to themselves. Does this mean that useful information may be kept from me? Certainly. But it also means that I will not be burdened with keeping family secrets. I would much rather not know useful information than be put in the position of knowing the information but being unable to do anything with it.

What if the family declines to view the family as the client? Some families insist on viewing the identified patient (the person with the presenting problem) as the client and want family members (especially the identified patient) to be able to talk confidentially during individual sessions. In my experience, this situation typically arises when the identified patient is an adolescent with school, relationship, or drug issues. The parents may feel that their child will speak more freely in confidential individual sessions. The IAMFC code of ethics (1993) speaks to the egalitarian nature of family counseling and, on a practical level, I don't want to hurt my relationship with the family, so I usually will agree to the family's request. I explain that in accordance with the statements in my informed consent brochure on professional ethics, if I make a professional judgment that any individual is in clear danger of harm, I will break confidentiality in order to protect life. I make it clear, however, that beyond issues of clear danger I may keep information confidential that family members would want shared. Although this is not my preferred approach, it allows me to deal effectively with family secrets and keep a positive relationship with the family.

5. Have All Family Members Sign the Acknowledgement Sheet

Obtaining a signature from each family member provides written confirmation that everyone has had a chance to review the guidelines of your practice. This indication that you value a thoroughly informed family enhances trust. In my view, it is important that every family member of toddler age and above (i.e., everyone old enough to be aware of what is happening in my office) sign the acknowledgement sheet because this is yet another indication that every member of the family is important. Young children can make an "X." Although a child's "X" or signature obviously has no legal standing, the message of inclusiveness is what I am after.

6. Give the Informed Consent Brochure to the Family to Take Home

After you have removed the demographic form(s) and the signed

acknowledgement sheet, give the family your brochure so they can refer to your practice guidelines at any time. Doing so is another way to build trust and enhance the counselor-family relationship. Interestingly, it also allows you to have greater trust in the family, because providing a copy of your informed consent brochure reduces the chance of a malpractice lawsuit (Bennett, Bryant, VandenBos, & Greenwood, 1990).

7. Ask Again About the Informed Consent Brochure

At the beginning of the second family session, I typically ask, "Now that everyone has had a chance for a more leisurely review of my informed consent brochure, are there any additional questions about what I do or the guidelines of my practice?" Doing this shows a continuing desire to earn the trust of the family.

The First Session

When I started working with families, I found the first session particularly anxiety provoking. I found myself thinking, "Now that I have them all in here, what the heck do I do?" I also experienced what I refer to as "the Atlantic City undertow." When I was a child I went on a field trip to Atlantic City. It was one of my first visits to the ocean, and I eagerly anticipated swimming in the surf. When I waded out to test the water, a big wave washed over me and the undertow began dragging me along the bottom. I remember the feeling of being pressed down against the ocean floor and the thought, "It is going to be up to the sea whether I live or die. If it decides to let go of me I will live. If it decides to hold on to me I will die." Fortunately, the undertow ceased after the wave passed and I was able to swim back to shore.

Working with a family is in some ways like that undertow. When you welcome a family to your office, you may begin to feel sucked down to the bottom. The family seems to be in total control. Somehow working with people related to each other by blood or love makes

the dynamics different. You begin to realize that you are no longer in the land of individual counseling. These statements are meant not to scare you away from doing family work, but to convey the message that you need to be prepared.

Therefore, with the goal of reducing anxiety and providing structure, I present my approach to the first session. Please understand that this is just one approach; you will develop your own style and make modifications as you become more experienced in family work. Keep in mind as well that the downside of offering a structured approach is that it implies that you do exactly the same thing in the same order with every family. Kottler (1986) points out the importance of varying your approach to counseling in order to avoid burnout. So with that caveat, here is my approach to the first session.[2]

Entering the Room

I prefer to let the family enter my office in front of me and seat themselves. The manner in which family members arrange themselves may send some nonverbal messages or help me generate hypotheses about roles and alliances. Please note that the key word is *hypotheses.* I interpret initial nonverbal messages tenuously and tentatively until I have checked them out and either confirmed or disproved them.

The most common nonverbal seating message I have noticed in the first family session reflects emotional distance or conflict. Family members who are comfortable with each other tend to sit close together. Conversely, family members who are either angry or emotionally distant tend to sit farther away from each other. In order to focus on this aspect, I try to keep two related questions in mind at the beginning of the first session. The first is, "Are family members who should be sitting together sitting farther apart than I would expect?" As an example, I worked with a woman in her mid-twenties who was anorexic. Let's call her Debbie. Debbie told me that one problem was that Mom and Dad kept insisting that everything was fine in the family, that there were no conflicts, and that the only real family issue was that their child weighed less than she should. Debbie

felt as if she had been born into a Stepford family and was very frustrated that her parents refused to acknowledge any sort of family conflict. (This family motto, "Everything Is Fine!," is quite common in enmeshed families—a common precursor of anorexia—and I recommend Salvador Minuchin and colleagues' classic book *Psychosomatic Families: Anorexia Nervosa in Context* (1978) for anyone wanting to understand and provide therapy for this issue.) When Debbie's parents came to the first family session, I noted that Mom and Dad were sitting as far away from each other as they could get while still being in the same room. Late in the session, I diplomatically asked them why they chose to sit so far apart. Mom answered that she was irritated with her husband. That remark led to a productive discussion of family tensions. Debbie was amazed, as it was the first time that she had ever heard her parents acknowledge that they were not the perfect family.

The second question about family seating is, "Are any family members sitting too close to each other?" This is where having a couch or loveseat in your arrangement comes in handy. I worked with an adult male who had a history of serious drug abuse and suicide attempts. He reported feeling smothered by his parents because they were constantly watching over him. We invited his family in for a session to utilize them as a source of strength. When the family came in, the mother told the son to sit next to her on the loveseat and promptly encircled his body with her arms. The pose was a stark snapshot of a mother scared to death that her son would die and determined to do everything she could not to let that happen. I verbalized the message Mom was giving, upon which she started to weep and express her fear. This was the beginning of my client coming to understand that his family was acting out of love and the fear of his death rather than a desire to control him.

The way family members seat themselves may also give a clue about the roles they play. A role that may become obvious as soon as the family has arranged their seating is that of the family scapegoat. Families with problems will sometimes choose a member to blame as the source of all or most family disturbances. This person becomes the identified patient (Gladding, 1998). You can often tell when your

client is the family scapegoat because other family members will cluster around each other and leave your client alone and metaphorically naked in a different part of the room. You can almost imagine them pointing and saying, "It is all ____'s fault. This family would be fine if he/she wouldn't keep screwing up." When you note that a family has isolated your client, you may want to pose the following questions to the family: "If we could wave a magic wand and everything was okay with _____, would everything be all right with the family? Or would there still be problems?" This is another example of how having the entire family in your office pays off. Whereas adults are usually very good at keeping family secrets, preadolescent children usually tell the truth. "John," a college student, was referred to me by his parents because he was flunking out of school. John told me that he was interested in school but was distracted because he was afraid his parents were going to get a divorce. So we invited the entire family in for a session. The mother and father insisted that any squabbles they might have were minimal and that the real problem was that John was lazy. I then turned to their eight-year-old daughter and asked her if everything would be okay in the family if John started getting good grades. She blurted out, "Mom and Dad would still be leaving us," then quickly covered up her mouth in the realization that she had let out a family secret. John's parents were quite shaken by their daughter's statement. They simply had not realized the impact their marital problems had been having upon their children. Thus began a three-session discussion of how the family could keep Mom and Dad's fighting from interfering with their children's lives. A significant outcome was that the parents initiated marriage counseling. As they began resolving their differences and fighting less, John started doing better and better in his classes. Unfortunately, this story does not have a happy ending for John's parents. Although their marriage did improve for a while, they eventually decided that their differences were too basic to stay married and subsequently got a divorce. John did not let his grades suffer, however. He stated that the key was the open parent-child communication that the family counseling had initiated. He told me that he did not like the fact that his parents were divorcing, but he

could study as long as he knew what was going on. Not knowing what was happening had been the factor that had distracted him from his work.

A second role you want to look out for in the first session is that of gatekeeper (see Napier & Whitaker, 1978). The gatekeeper guards the safety of the family in your office. You often can detect the gatekeeper before anyone says a word in the first session because that person typically seats himself or herself (at least partially) between you and the family. The nonverbal message is, "In order to get to this family you are going to have to go through me. You are going to need my approval." Not every family has the need for a gatekeeper. But when a family does have one, it is crucial to recognize this dynamic and determine who the gatekeeper is. Why? Because the gatekeeper is going to be the one who determines whether your office is a safe environment for the family. The gatekeeper will control whether family members speak openly and also will be the one who decides whether the family will return for future sessions. Ultimately, the gatekeeper decides if you have permission to establish a relationship with the family.

Therefore, one of your most important tasks in a first family session may be to assess for a gatekeeper and, when one is present, to establish a positive relationship with this crucial family member before the family leaves your office. How do you figure out whether a family has a gatekeeper? First, notice when a family member has placed himself or herself between you and the family. In a functional, healthy family, we would expect either the mother or father to be the gatekeeper because it is a parental responsibility to protect one's children. Sometimes when you have three generations in your office you will find that a grandparent is the gatekeeper because the family defers to her or him as the matriarch or patriarch. However, you need to be prepared for role reversals in some families where the kids end up acting as the parents. You will see this role reversal when parents are unable to fulfill their proper role due to such issues as physical or mental illness, alcohol or other substance abuse, or long periods of absence from the household due to employment. In these cases children, often quite young ones, may become the gatekeeper; after

all, someone has to run the family. One of the first families I worked with had a 10-year-old gatekeeper. It was positively frightening to see the power this young child had over who spoke, what that person spoke about, and what the family was willing to work on.

Another way to assess for a gatekeeper is to see whether everyone looks at a specific member before speaking. An example of this occurred with a single mother and two preteen daughters in New York. The mother had asked me to facilitate a discussion about the need for the three of them to move to the West Coast because she had a new job. I noticed that whenever I asked either of the daughters a question, she would subtly glance at her mother. Just as subtly, Mom would shake her head either yes or no to indicate whether the girl had permission to answer the question. Factual questions (e.g., "How do you spend your time when you get home from school?") tended to be met with approval. However, questions that asked for an emotional response (e.g., "How do you feel about moving?") were met with a negative shake of the head, and the girls would just stare at me. It became clear to me that I would need to focus on making Mom feel comfortable in my office so she would allow the kids to take the risk of expressing their feelings. I was able to do this, and the girls received permission to open up when they returned for the second session.

So how do you deal with a gatekeeper when you find one? First, let me tell you what not to do. When I was getting started in family work, my macho side would tend to come out in dealing with gatekeepers. I viewed their protectiveness as a challenge and gave the indirect message that I was better at getting their family to open up than they were at keeping members from talking about important issues. And I found that I did an awful lot of one-contact family work. It was only when I began to respect the role of the gatekeeper that I was consistently able to establish relationships with families. The best way I know to show respect for gatekeepers is to make them your co-therapist. Frequently ask their opinion. Follow their lead. Request their permission to speak to family members. Let's return to the family where Mom wanted help in talking to her two daughters about the upcoming cross-country move. When I realized that Mom

was the family gatekeeper, I asked her opinion as to the most important and beneficial questions I should be asking her daughters. She responded that the girls needed to think about making friends in their new home. So that is what I focused on, and Mom gave the girls nonverbal permission to talk about their feelings connected with this issue. When I wanted to change topics, I asked the mother if it was okay to ask the girls how they were adjusting to the idea of having to leave their current friends. Mom thought about this a bit, said yes, and we had a good family discussion about saying goodbye. The mother relaxed more and more as she saw that I was respecting her gatekeeping function. I later asked Mom if we could discuss the girls' father and visitation issues. Mom initially said no, telling me that this topic was too emotionally charged for the girls to handle in the first session. So I stayed away from it. Interestingly, at the beginning of the second session, Mom said, "We have been talking about the visitation issue you brought up last time. I think it would be good if we got into that." I had apparently passed the trust test and the gatekeeper was giving me entry into the family. If I had fought the mother for control during the first session and insisted that we talk about Dad, I doubt very much that I would ever have seen that family again.

Opening the Session

Once the family is seated in my office and I have made a quick perusal for nonverbal messages, I explain who I am and why we are all together, and obtain informed consent. Explaining who you are is important because different family members may have had varying levels of contact with you. Those who have worked with you individually may know all about you. Others may be meeting you for the first time and have no clue who you are or what you do. I worked once with a guardian who wanted help with parenting skills. I suggested she bring the children in for a session so I could get to know the family. Instead of telling the kids about the appointment, she pretended that they were all going for ice cream, loaded the kids in the car, and came to my office. I had two very confused children

wondering why they were at some doctor's office instead of Dairy Queen.

Making a statement about why you and the family are all meeting allows you to set the tone for a positive, strength-based approach. I simply state that we are together because I need the family's help to deal with a problem. I also tell the family that they have resources, background information, and ideas that will make the counseling much more efficient and effective than it would be if I worked exclusively with the person who has the problem. You will often see family members visibly relax when they begin to realize that you are not seeking to blame them for the presenting problem.

Gaining informed consent before you delve into family problems is an ethical obligation. You have a responsibility to make sure that every person in your office knows the rules of counseling. In order to fulfill this ethics requirement while using informed consent procedures to help establish a relationship with a family, you may want to utilize the framework for gaining informed consent that I discussed earlier in this chapter.

Getting to Know the Family

I spend the next 20 minutes or so getting to know the family. My usual segue to this topic is, "Now that you know something about who I am, I'd like to get to know who you are." The important point is to spend time talking to every family member, even the youngest child. The message you want to convey is that each individual in the family is important. It is also wise to respect the power hierarchy in the family, so start with Mom or Dad (whichever one you think wields the most power). Then continue with the other parent, the grandparents (if present), the oldest child, and so on down to the youngest child.

Defining the Issue

After getting to know a little bit about each person in the room, I find it productive to ask how each family member perceives the problem.

My typical statement is, "Now that I've had a chance to meet the family, I'd like to ask each of you what the issue is. Mr. Smith, what do you feel brings us together and what would you like to work on?" Again, I respect the power structure of the family by going down the hierarchy. You may have noticed that I started with the father in this example and may wonder how that squares with my previous statement that in a traditional two-parent household, the mother tends to be in charge of affective issues. The answer is a cultural one: families know that Mom is in charge but many pretend that Dad is at the top of the hierarchy so as not to embarrass him in his role as "head of the family." In such an instance, you would want to buy into the family's worldview and speak to Dad first. Otherwise, you will be showing disrespect for the family system, which is not conducive to establishing a relationship. You can (and should) work on cultural stereotyping and gender issues later in the counseling process after you have established trust. Lois Braverman's book, *A Guide to Feminist Family Therapy* (1988) is recommended as resource in this area.

Asking all family members' opinions about why they came to your office and what they would like to accomplish does a number of things. First, it supports the message that everyone's ideas are important. Second, it may give you insight into family conflicts that potentially underlie the presenting problem. Third, it gives you a clue as to what issue will hook each individual family member into coming back for subsequent sessions. Speaking to the last issue, I worked with a single father who brought his two children in because he wanted more help around the house. Understandably, the kids were quite disinterested in talking about this issue; there was nothing in it for them. I then asked them what they would like to work on, and they said that their bedtime was too early. So I proposed a deal to the family: if the kids were willing to talk about the issue of household chores, Dad would talk about curfews. All agreed. The kids perked up when they realized that they might get something out of the counseling, and we had almost a dozen productive sessions that led to the resolution of both issues.

Identify an Issue to Begin Addressing

Next, I ask the family to choose which issue to start with. Usually they choose the presenting problem. As we talk, I use the skills I first learned in my group counseling class to make sure that all individuals contribute to the discussion and that no one monopolizes the time. This is also the point where I try to sit back a bit and assess whether gatekeeping, scapegoating, or any other interesting dynamics are occurring.

Identify Family Problems and Secrets

If time permits, I like to ask the question discussed in the scapegoat section: "If the problem we have been discussing were solved, would everything be okay in the family, or would there still be problems?" This question can go a long way toward disclosing family problems and secrets that are exacerbating the presenting problem.

Closing

I like to end an initial family meeting with a summary, a solicitation of feelings and thoughts about the worth of the session, and a discussion about where we go from here. If you have succeeded in earning trust and establishing a relationship, the family will willingly schedule a follow-up appointment.

References

Bennett, B. E., Bryant, B. K., VandenBos, G. R., & Greenwood, A. (1990).

Professional liability and risk management. Washington, DC: American Psychological Association.

Borden, E. S. (1975). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice, 16,* 252–260.

Braaten, E. B., Otto, S., & Handelsman, M. M. (1993). What do people want to know about psychotherapy? *Psychotherapy, 30,* 565–570.

Braverman, L. (Ed.). (1988). *A guide to feminist family therapy.* New York: Harrington Park Press.

Gladding, S. T. (1998). *Family therapy: History, theory, and practice* (2nd ed.). Upper Saddle River, NJ: Prentice Hall.

Haas, L. J. (1991). Hide and seek or show and tell? Emerging issues of informed consent. *Ethics and Behavior, 1,* 175–189.

Heppner, P. P., & Dixon, D. N. (1986). A review of the interpersonal influence process in counseling. In W. P. Anderson (Ed.), *Innovative counseling: A handbook of readings* (pp. 8–16). Alexandria, VA: American Association for Counseling and Development.

International Association of Marriage and Family Counselors. (1993). Ethical code for the International Association of Marriage and Family Counselors. *The Family Journal: Counseling and Therapy for Couples and Families, 1,* 73–77.

Kaplan, D. M. (1999). Models of ethical decision making in marriage and family counseling. In P. Stevens (Ed.), *Ethical casebook for the practice of marriage and family counseling* (pp. 3–16). Alexandria, VA: American Counseling Association.

Kaplan, D. M. (2000). Using an informed consent brochure to help establish a solid therapeutic relationship. In R. E. Watts (Ed.), *Techniques in marriage and family counseling* (Vol. 1, pp. 3–10). Alexandria, VA: American Counseling Association.

Kaplan, D. M., & Culkin, M. (1995). Family ethics: Lessons learned. *The Family Journal: Counseling and Therapy for Couples and Families, 3,* 335–338.

Kent, D. (1994). Creating a waiting room resume: Six questions people ask when choosing a therapist. *What's Working in Psychotherapy Practice Building, 15,* 1, 7.

Kottler, J. A. (1986). *On being a therapist.* San Francisco: Jossey-Bass.

Lambert, M. (1992). Implications of outcome research for psychotherapy integration. In J. C. Norcross & M. R. Goldfind (Eds.), *Handbook of psychotherapy integration* (pp. 94–129). New York: Basic Books.

Minuchin, S., Rosman, B. L., & Baker, L. (1978). *Psychosomatic families: Anorexia nervosa in context.* Cambridge, MA: Harvard University Press.

Napier, A., & Whitaker, C. (1978). *The family crucible.* New York: Harper & Row.

Zuckerman, E. L. (1997). *The paper office: Forms, guidelines and resources* (2nd ed.). New York: Guilford Press.

Zuckerman, E. L., & Guyett, J. P. R. (1992). *The paper office: 1.* Pittsburgh, PA: Clinician's Toolbox.

1. For a copy of my informed consent brochure, send $2.00 (to cover copying and mailing costs) to: David Kaplan, Chair; Department of Counselor Education and Rehabilitation Programs; Emporia State University; 1200 Commercial St.; Emporia, KS 66801–5087.

2. When possible, I like the first session to be at least 90 minutes long so that I can cover all points in my outline. Subsequent sessions can be shorter. If a family is traveling long distances, I try to have them come in over a weekend, with up to three hours each scheduled for Friday, Saturday, and Sunday. You will be amazed at how much can be accomplished in a long weekend when family members live too far away to come in on a periodic basis.

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

NOTICE

Reproduction Basis

	This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.
X	This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").